

Massachusetts Department of Revenue Form M-990T-62

Exempt Trust and Unincorporated Association Income Tax Return

2020

For calendar year 2020 or taxable period beginning		and ending			
Name of trust or unincorporated association	Employer Id	Employer Identification number		Unrelated business activity codes	
Mailing address					
City/Town	State	Zip	Phone		
Exempt under IRC section (fill in one only)			Group exemption number	Organization type	
○ 501() (Enter IRC section number) ○ 408A ○	529 O 529A O 2	20 🔾 530		○ 501(c) trust ○ Other trus	
Describe the primary unrelated business activity of the trust or unin	corporated associati	on			
Books are in care of			Phone		
Name of treasurer	Fill in if filing	g Schedule TDS			
	0				
Fill in if Amended return (see instructions) Amended return due to f	adaral ahanga				
— Amerided return (see instructions) — Amerided return due to r	ederal Charige				
5.0% unrelated trade or business in	ncome				
1 Gross profit (from U.S. Form 990-T, Schedule A, line 3)			1	
2 5.0% long-term capital gain net income (from Form 2,	Schedule D, line 1	8)		2	
3 5.0% interest and dividend income (from Form 2, Sche	edule B, line 35)			3	
4 Income (loss) from partnerships and S corporations (fr					
interest or dividend income included in line 3)					
5 Rent income (from U.S. Form 990-T, Schedule A, line 6	6)			5	
6 Unrelated debt-financed income (from U.S. Form 990-income included in line 3)			•		
7 Interest, annuities, royalties, and rents from controlled Do not include any interest or dividend income include	•			7	
8 Investment income of an IRC § 501(c)(7), (9), or (17) or Do not include any interest or dividend income include	•		-	8	
9 Exploited exempt activity income (from U.S. Form 990-dividend income included in line 3)			-	9	
10 Advertising income (from U.S. Form 990-T, Schedule A income included in line 3)	,	,		10	
11 Other income (from U.S. Form 990-T, Schedule A, line included in line 3)				11	
12 5.0% unrelated trade or business income. Add lines 1	through 11. Not les	ss than 0		12	
Declaration					
I declare under the pains and penalty of perjury that to	the best of my kn	owledge, the info	rmation contained her	ein is accurate and complete.	
Signature of appropriate corporate officer (see instructions)	Date	Social Security n	umber i	Phone	
Signature of paid preparer	Date	Employer Identifi	cation number	Address	



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Employer Identification number Unrelated business activity codes Name of trust or unincorporated association **Deductions not taken elsewhere and Massachusetts adjustments** 5.0% tax 12% unrelated trade or business capital gains **Excess deductions** 24 Excess deductions allowed against 12% unrelated trade or business capital gains. If line 20 is greater than 12, 12% tax Tax before credits 29 Total tax. Add lines 22 and 26 through 28. **Credits**



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Employer Identification number Unrelated business activity codes Name of trust or unincorporated association **Payments** 37 2019 overpayment applied to your 2020 estimated tax 40 40 Refundable credits (from Schedule CMS) 42 Total tax payments. Add lines 36 through 41 Refund or balance due 43 Overpayment. If line 35 is smaller than line 42, subtract line 35 from line 42 and enter the result in line 43. If line 35 44 Amount of overpayment you want applied to your 2021 estimated taxes..... 45 Amount of your refund. Subtract line 44 from line 43 **46** Tax due. If line 35 is larger than line 42, subtract line 42 from line 35 47 M-2210F penalty; Other penalties. Total penalty..... 48 Total payment due at time of filing 48